



**Department of Health and Human Services
Office of the Commissioner
Policy and Procedure Statement**

Policy # DHHS-01-03

Issue Date: 05/28/03

Revised Date: 01/14/05

I. SUBJECT

Language Access Policy for Individuals Whose Primary Language is not English and individuals who are deaf or hard of hearing.

This Policy and Procedure Statement is designed to provide equal access to programs, services, and benefits for those individuals who may be limited in speaking, writing and/or understanding English (Limited English Proficient) and those individuals who are deaf or hard of hearing.

Background

Since the passage of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, great strides have been made toward the inclusion of all people in the mainstream of American life. All individuals are guaranteed access to public accommodations regardless of race, color, gender, religion, national origin, or physical or mental disability. In Maine, much work has been done to ensure the provision of qualified interpreters for people who are deaf or hard of hearing. The Department seeks to make every effort to ensure equal access to services to all people served, regardless of communication circumstances.

The application of this policy shall be consistent with the provisions of the Civil Rights Act of 1964 (42 USC §§2000a et seq.); the Americans with Disabilities Act of 1990 (42 USC §§12101 et seq.); the Rehabilitation Act of 1973 (42 USC §§701 et seq.); Federal non-discrimination rules (28 CFR Parts 35 and 42); and Maine statutes regarding services to persons who are deaf or hard of hearing (34B MRSA §1218) and ASL interpretation (32 MRSA §1521(5)).

II. POLICY STATEMENT

The Maine Department of Health and Human Services (DHHS) recognizes its obligation to provide linguistic access to services for individuals whose primary language is not English. Individuals for whom DHHS workers may need interpreter services include applicants, clients, family members, and/or companions. When DHHS staff do not speak the language needed, interpreter services are needed to ensure equal access to programs and services provided by this Department and its contractors. Accordingly, it is the policy of DHHS to provide its staff with interpreter resources to be utilized in providing access to programs and services to LEP persons and to persons who are deaf or hard of hearing. This policy will outline guidelines and procedures for the use of such interpreter services.

All programs, benefits or services provided by DHHS shall be made available to all eligible persons regardless of their abilities to speak, write and/or understand English.

DHHS will provide interpreter services at no cost to individuals applying for or participating in Department programs.

DHHS will mitigate any delay in service delivery due to the need for interpreting services.

DHHS will have policies and procedures combining the use of in-person and telephone interpreter services as well as translated material necessary for effective communication.

DHHS will commit to continued evaluation and improvement of these services and education of staff in resources and procedure

It is a goal of DHHS to employ bilingual/multilingual staff who are able to communicate directly in languages used in our catchment area.

III. RATIONALE

This policy re-issuance and update reaffirms DHHS' commitment to ensure equal access to benefits and services for LEP individuals and persons who are deaf or hard of hearing. The procedures outlined below will ensure that information about services, programs, benefits, consent forms, and rights are communicated in languages that are understood by and are at **no cost**, and with no significant delay to these individuals. Also, this policy re-issuance and update provides for an effective exchange of information between staff and LEP persons, and persons who are deaf or hard of hearing, while services are being provided. The purpose of this policy is to ensure that no person is excluded from or denied equal access to benefits, programs and/or services due to linguistic barriers.

IV. PROCEDURE STATEMENT

A. Access to the Department

1. In the reception areas of all DHHS buildings where client services are provided, DHHS shall post and maintain signs in various languages, informing the public of interpreter services available at no charge to them. Interpreter services include providing in-person interpreters, telephone interpreter services, and making DHHS' employee language bank available.
2. TTY (telephones for the deaf) numbers must be included in any listing of Department telephone numbers. TTY numbers must be listed and clearly identified on all letterhead, business cards, brochures or fliers, facsimile cover pages, posters, web sites, or similar documents or communication tools. Telephone listings and State of Departmental telephone directories must include TTY numbers.

3. TTY telephones must be available and operational in all DHHS office locations, facilities and institutes. Staff must have instruction and demonstrated proficiency in TTY use and access to TTYs sufficient to perform their job tasks. Receptionists and switchboard operators, including those assigned back-up responsibilities, must be capable of receiving and initiating TTY calls. Training and performance standards must include the handling of potential TTY calls ("silent calls"). TTYs must not be set on automatic answer in locations where voice telephones are answered by a staff person in accordance with State policy.

B. Language Assessment and Primary Language Identification

At initial contact, if applicants/clients, family members or companions are non-communicative, exhibit limited English skills (broken English), have a heavy accent or use one-word answers, the DHHS staff member should always consider the possibility that this person may be a LEP individual or deaf or hard of hearing. The DHHS employee should use collateral contacts and referral sources to help determine native or primary language. When in doubt, it is preferable to err on the side of providing appropriate interpreter services to ensure equal access.

Once it has been determined that the applicant/client is LEP, or deaf/hard of hearing, DHHS staff will inform him/her of his/her right to have a language interpreter service at no cost to him/her. In addition, at this time, the applicant/client record MUST reflect that the individual is an LEP person and what is his /her primary language is. A distinctive notation SHALL be placed on the outside of the client's record that reflects that interpreter services will be needed when providing services and programs to this applicant / client. The note shall read "NEEDS INTERPRETER SERVICES" "Language _____" (see attachment #1).

When an individual who is LEP or deaf/hard of hearing who declines DHHS' offer of free in-person or telephone interpreter service, DHHS may use other persons as interpreters when it deems the use of such persons is appropriate. The use of such persons is appropriate only when the DHHS staff person reasonably ascertains that the proposed interpreter is willing and able to provide effective communication between the parties. The DHHS staff person will indicate in the applicant's/client's record that an offer of an interpreter was made and declined and also enter the name of the person serving as an interpreter at the applicant's/client's request. It is not recommended that a family member, or friend be utilized unless other interpreter services have been offered and refused and both parties have agreed to the family member, or friend. DHHS staff shall inform the LEP individual who has declined a DHHS-provided interpreter that s/he has the right to change his/her mind and request a DHHS-provided interpreter at any subsequent time. **When DHHS staff have reason to believe that the preferred interpreter of the LEP individual is hampering effective communication between DHHS staff and the LEP/ deaf or hard of hearing individual, DHHS staff shall obtain and provide a new interpreter service.** Minors may never be used as interpreters under any circumstance. If a DHHS staff member concludes that an interpreter is

needed, it is the responsibility of the service provider or DHHS contact person to initiate arrangements for interpreters as follows:

1. Advise supervisor of the need for interpreter or translator services.
2. Upon supervisory approval, contact an in-house interpreter from the language bank (see Attachment #7) if one is available who speaks the needed language. The primary purpose of the in-house language bank is to provide for immediate communication with individuals who are LEP or deaf-hard of hearing. It is not intended for DHHS bilingual or multilingual staff to provide ongoing interpretation. However, if qualified bilingual/multilingual workers are available to provide care directly in the target language, shifting case loads or units would be optimal. After the initial interpretation is provided by an in-house bilingual/multilingual employee and when qualified direct care staff resources do not exist, arrangements must be initiated for a community resource to provide additional ongoing interpreter service. (See Attachment #8).
3. If an interpreter is not available from the list of community interpreters, one of the telephone interpreter services must be contacted. Telephone interpreter services are available 24 hours a day, seven days a week. Attached are procedures to access telephone interpreter services (See Attachment #3)
4. Any division of the Department will not unreasonably deny a request to release an employee who is needed to provide interpretative service. Employees who provide interpretative services are responsible for notifying their supervisor when leaving or returning to their work area.
5. For any clients who are LEP or deaf/hard of hearing scheduled for court proceedings, a request for an interpreter with legal training must be made in writing to the court. Always allow sufficient lead time for the court to secure interpreter services by making the request early.
6. The institution of division providing the service to the participant is responsible for the cost of related interpretation fees. No contract is required.

C. Staff Expectations

1. Staff members who are proficient in languages other than English, including ASL, are prohibited from providing interpreter services between their clients and service providers, other DHHS or state agency staff, client family members, or peers. The Department recognizes that the roles assumed by its staff in the provision of services to clients are incompatible with the interpreter role. DHHS staff may act as a resource to interpreters and others in situations involving the client and should maintain their roles of advocates, problem solvers, and resource developers. Staff members who are proficient in languages other than English are encouraged to utilize those languages in communicating directly with a client, if it is the client's choice.

2. Qualified staff interpreters may provide interpretation services at meetings or in other situations involving clients of the Department. Qualified staff interpreters may not interpret at any meeting or situation on behalf of their own clients. They may interpret at meetings involving clients carried on the caseloads of other Department staff.
3. Interpretation in legal or quasi-legal situations by DHHS staff for clients is specifically forbidden. Examples of such situations include landlord/tenant relations, guardianship hearings, involuntary commitment proceedings, child custody matters, and any interaction with law enforcement authorities or courts. DHHS staff are reminded that communication access is a basic right and that advocacy on behalf of their client to secure the services of a qualified interpreter in situations such as those described above is an appropriate task of staff.
4. Emergencies, during which life, health or safety of clients or others may be in immediate jeopardy, are sufficient justification to permit DHHS employees to utilize their best judgment and efforts to facilitate communication until such time as qualified interpreters become available in accordance with 32 MRSA §1525-A(2).
5. Qualified interpreters who are also DHHS staff and function as interpreters outside the scope of their roles in the Department may not accept interpreting assignments or jobs from provider agencies with whom the State contracts, except with specific written permission of the Bureau of Purchases. Those assignments involving any individual receiving services from the Department or its contractors to prevent the existence or appearance of any conflict of interest.

D. Printed Translation of Documents

In addition to the required initial contact sign posted in each reception area of DHHS buildings where clients are served, there may be a need to print certain other documents in various languages. It will be determined on a program by program basis which documents will be printed depending on the program client's/applicant's primary language and the number of clients needing language interpretation and whether the document is considered vital.

It is not required that every document that may need to be translated in the future be identified by title or category now. Audio or video translations, if needed (in lieu of printed material) may be utilized.

In the event no written translation of documents is available, DHHS will ensure that in-person translation or translation by telephone will be provided in a timely manner.

V. TRAINING

A. Training of Staff

Staff members who may be called upon to utilize interpreter services under the requirements of this policy will be trained on the implementation of this policy as well as educated about the following:

- The impact of ethnic and cultural differences and effective communication.
- The crucial need for sensitivity and understanding of ethnic and cultural differences.
- Definition of the role of the Title VI/EEO Coordinators.
- How to use interpreter services effectively.

This training will be incorporated into New Employee Orientation and New Supervisory Training. Periodic review of this policy and identification of ongoing training needs will be developed on an on-going basis by each Bureau.

B. Interpreter training, qualifications and confidentiality

DHHS shall take reasonable steps to screen self-identified bilingual staff members and individuals from the general public that offer to be placed on DHHS' active list of interpreters. They will be screened to determine that they can:

- Fluently and accurately communicate in the language(s) in which they claim proficiency.
- Interpret effectively to and from other languages and English.
- Interpret exact concepts. Interpreters cannot distort the meaning of the interpretation.
- Understand the obligation to maintain confidentiality.

Any in-person interpreter utilized by DHHS staff shall sign a statement certifying that they can interpret fluently in the language needed and indicate whether they can speak, write and/or understand the language (see Attachment # 4). All in-person interpreters shall sign a Confidentiality Agreement/Code of Ethics before services are rendered (see Attachment #5). A file copy shall be maintained by the division or institution employing the interpreter.

NOTE: When a DHHS staff member has reason to believe that an interpreter from a professional agency, a telephone interpreter service, or a DHHS bilingual staff member acting as an interpreter is not qualified or properly trained to serve as an interpreter or is hampering effective communication between DHHS and an individual who is LEP or deaf/hard of hearing, DHHS shall obtain another interpreter.

The Maine Office of Multicultural Affairs will coordinate training to interpreters regarding the specialized vocabulary and treatment modalities relevant to consumers of DHHS services. Call the Language Access and Deaf Services Coordinator at 287-4240 (Voice) or 866-241-8639 (TTY).

VI. RECORDKEEPING

Client data bases developed by and for DHHS must include the capacity to record and retrieve information about race/ethnicity, primary languages, communication barriers, spoken or sign language preferences, interpreter needs, visual or tactile alerts required, assistive listening devices needed, TTY phone numbers, and other similar information. The purpose of this information is to determine program-by-program what action needs to be taken in order to ensure equal access to programs and services for all applicants/clients.

All client records must reflect the source of interpreter used (i.e., whether the interpreter used is a bilingual staff member, an interpreter from a professional agency, an interpreter from the DHHS list of approved interpreters, an interpreter from telephone interpreter services, or a specified individual interpreter requested by the client (see attachment #1).

If no interpreter was utilized, the applicant's/client's record must show the reason for this decision and document any attempts made to obtain an interpreter (see attachment #1).

VII. CONTRACTS AND SERVICE AGREEMENTS

A. Every contract or service agreement that governs the provision of services to clients must be consistent with Department Rules (see 14-191 CMR Ch45), which must include a statement by the vendor promising compliance with the provisions of all applicable State and Federal laws, including those described in this policy. In negotiating contracts and service agreements with prospective vendors, Department staff may consider and discuss how the vendor proposes to:

- Determine a client's primary language;
- Assure access to qualified interpreters;
- Provide for tactile and/or visual alarms for safety and privacy where needed;
- Provide adaptive equipment where needed;
- Pay for communication access where needed;
- Develop communication policies; and/or
- Train staff.

B. Contract managers and Quality Assurance staff must ensure contractors' compliance with contract provisions and the provision of linguistically accessible culturally appropriate services.

- C. Staff will bill Medicaid for ASL (sign language) interpreters and assist contracted provider to do so, when appropriate, under provisions of Chapter 1.06-3, Maine Medical Assistance Manual.

VIII. COMPLAINT RIGHTS AND PROCESS

DHHS will take appropriate corrective action if a complaint or other information indicates a failure by any of its personnel to adhere to the Department of Health and Human Services Language Access Policy.

All complainants **must** be given the complaint procedures and complaint form. (see attachments #6 and #6A). If a client chooses to file a complaint, the Title VI Complaint form shall be completed and forwarded to one the EEO Coordinators.

Translated materials and interpreter assistance will be provided during the complaint process.

The EEO Coordinators, who are the DHHS Title VI Compliance Officers, have been designated to receive and respond to questions or concerns about the adequacy or availability of interpreter services and/or of translated documents at DHHS facilities.

All DHHS staff members who receive complaints from clients must forward them to their immediate supervisors and to the DHHS Title VI Coordinators, 11 State House Station, Augusta, Maine 04333, telephone (207) 287-3488 or (207) 287-4289, TTY: 1-800-606-0215 or 287-2000.

The complaint procedure and complaint form shall be distributed to the LEP individual in the appropriate language (if available); otherwise the complaint procedure will be communicated to the individual who is LEP in their language in another effective manner (attachments #6 and #6A).

The DHHS Title VI Coordinators shall also give any person who wishes to file a complaint a copy of the Office of Civil Rights brochure on "How to File a Complaint with OCR". It shall be provided in the primary language of the LEP; if not available in that language, the Coordinators shall direct the person to contact the Office of Civil Rights at 1-800-368-1019 (voice) or 1-800-537-7697 (TTY) (Deaf or hard of hearing), (attachments #6 and #6A).

IX. PUBLIC COMMUNICATION

- A. Video programs, Non-Commercial Sustaining Announcements and Public Service Announcements produced or used by DHHS on or after the date of this policy must be closed captioned. Labels and promotional material must clearly identify the presence of closed captioning. Material already existing as of the date of this policy need not be modified to include closed captioning.

- B. Notices of conferences or workshops open to the general public with pre-registration must state that sign language and assistive listening devices are available upon request. Notices of events open to the general public without pre-registration must state that sign language interpreters and assistive listening devices will be available.
- C. Printed material for the use of the general public must include the notation that the material is available in alternate formats upon request. Alternate formats may include translation of the material into a specific language other than English, large print, Braille, large print, audio or electronic version, etc.

X. DEFINITIONS

American Sign Language:

A visually expressive language, reported to be the fourth most widely used language in the United States. Complete with a grammar and syntax of its own (and separate from that of English), ASL is non-verbal and has no written form. It was recognized by the Maine Legislature in 1991 as "the official state language of the Deaf Community."

Bicultural:

Consisting of cultural characteristics representative of two ethnic or social groups. Bicultural individuals may acquire the norms, attitudes and behavior patterns of their own and another group.

Bilingual:

Text or language expressed in or a person able to speak two languages.

Blind:

The legal definition established by the Social Security Administration is a visual acuity of 20/200 or less in the better eye OR a field of view of 20 degrees or less in the better eye.

Deaf Culture:

The participation in or association with the Deaf Community, its characteristics and its values. Some, but not all, persons who are audiologically deaf are participants in or associated with the Deaf Community.

Deafblindness:

The combination of vision and hearing loss that affects an individual's ability to function within his/her environment. Being deaf/blind presents unique challenges in learning about the world and affects one's ability to communicate, move about freely, and interact with others. Many people who are deaf/blind have some usable vision and/or hearing.

Deafness:

A degree of hearing loss severe enough to render the perception of human speech ineffective for communication, and/or the association with the Deaf Community, its characteristics and its values. Not all persons who are audilogically deaf are participants in or associated with the Deaf Community.

Hard of Hearing:

A functional hearing deficit. A person who is hard of hearing may use visual communication or assistive devices such as hearing aids or amplification devices.

Interpreting:

The act by a third party of receiving a spoken or signed message in one language and delivering it in another language, between two persons who do not share a common language. Interpreting ASL is "the process when a linguistic intermediary between a deaf or hard-of-hearing person and another person translates the spoken utterances or signs, gestures or writing of either person into a linguistic form other than that which that person uses as a primary and preferred form of communication (32 MRSA §1521 (5))."

Interpreter or transliterator:

A neutral bilingual, bicultural "third party" fluent in both English and the target language, trained to convey communications between two or more parties who do not share a common language. An interpreter should not be confused with a bilingual worker who can perform the job function directly in the target language without the services of an interpreter.

Limited English Proficiency:

The inability or difficulty to speak or understand English beyond basic day-to-day conversation. Usually persons who have limited English proficiency are those for whom English is not a native language.

Multicultural:

Consisting of cultural characteristics representative of two or more ethnic or social groups. Multicultural individuals may acquire the norms, attitudes and behavior patterns of their own and other groups.

Qualified Interpreter:

A person "who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary." (28 CFR §35.104)

Qualified Staff Interpreter:

A person on DHHS staff who is bilingual in spoken language and has completed a basic course in interpretation techniques and who is, therefore, able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.

Relay Service:

A service of the telephone company that provides for conversation between a hearing person without a TTY and a deaf, hard of hearing, or speech impaired caller who uses a TTY. The Communication Assistant serves as a bridge between the two callers, speaking the typed TTY message to the hearing party and typing the spoken message to the TTY user.

Silent calls:

A received telephone call during which no sound is heard. Silent calls frequently are calls made from a TTY to a telephone not directly linked to a TTY.

TTY, TDD, TT:

A device that allows typed conversations over ordinary phone lines between two parties with compatible equipment or through the Relay Service.

Translation:

The act by a third party of receiving a written message in one language and delivering it in another language, between two persons who do not share a common language. To ensure accuracy, translated documents are back-translated by another translator into the original language, and compared to the original message.

XI. ATTACHMENTS

1. Client Record of Interpreter Services;
2. Employee Guidelines for Utilization of Interpreter Services & Interpreter Resource Guide;
3. Telephone Interpreting Services Procedures (both Pacific Interpreters and Language Line);
4. Interpreter Signature of Agreement (for in-person interpreters, only);
5. Interpreter Confidentiality Agreement (for in-person interpreters, only);
6. Title VI Complaint Procedures; and
- 6A. Title VI Complaint Form
7. In-house Language Bank
8. Interpreter List for Spoken Languages and American Sign Language

XII. DISTRIBUTION

All Staff

January 14, 2005

Effective Date

John R. Nicholas
Commissioner

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLIENT RECORD OF INTERPRETER SERVICES

Date: _____

Name of Client: _____

Address of Client: _____

Primary Language: _____

Race: _____

National Origin: _____

Did the Client Accept DHHS Interpreter Service?

☐ YES ☐ NO

If no, advise the client they can change their mind at any time and request an interpreter.

Give reason for refusal of interpreter services:

If yes, advise the client that they may, at any time, request another interpreter.

Advise the client that if communication with the chosen interpreter is not effective, the DHS employee may, at any time, change the interpreter.

Please indicate below what interpreter services were utilized:

Telephone Interpreter Services ☐

In-person Interpreter ☐ Interpreter Name _____

DHS Employee Language Bank ☐ Employee Name _____

Name of other interpreter used _____

Relationship to client _____

Language Interpreted: _____

Purpose for client contact with DHHS:

DHHS employee name and job classification handling client case:

Signed copy of Interpreter's Signature of Agreement form placed in file?

☐ YES ☐ NO

Signed copy of Confidentiality Rules for In-Person Interpreter Services placed in file?

☐ YES ☐ NO

Name, address and telephone number of interpreter services utilized:

Note to DHHS employee:

You must place the following notation on the outside of the client file to ensure that interpreter services are obtained before doing business with the client:

I. "NEEDS INTERPRETER SERVICES"

Language _____

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

**EMPLOYEE GUIDELINES FOR UTILIZATION OF
INTERPRETER SERVICES**

NOTE: The guidelines listed below are for quick and easy instructions but should in no way replace the Language Access Policy.

1. Ascertain whether the individual is limited in English and if so, what is his/her primary language.
2. Offer interpreter services and advise him/her that the interpreter will be provided at no cost to him/her.
3. Complete the "Client Record of Interpreter Services" form (Attachment #1.) Place the form in the front of the client file for future use.
4. Place appropriate notation on the outside of the client's file, indicating that an interpreter will be needed when working with this client. The notation needs to read **"NEEDS INTERPRETER SERVICES" LANGUAGE**
_____. Please keep this note consistent on all records (attachment #1).
5. Contact the appropriate interpreter services (i.e., telephone or in-person interpreter from the Department's Interpreter Resource List, or DHHS Employee Language Bank).
6. If no interpreter service is available, immediately reschedule the client contact as soon as possible.
7. In-person interpreters must sign an "Interpreter Signature of Agreement" form, which will be placed in the client file (attachment #5).
8. In-person interpreters must also sign an "Interpreter Confidentiality Agreement" form, which will be placed in the client file as well (attachment #6).
9. Hand out Title VI complaint procedures to the client. This complaint form is for any complaints of discrimination regarding race, color and national origin in the delivery of programs and services. This complaint form does not address complaints regarding ineligibility (attachment #4).
10. If the DHHS employee is aware that a complaint is being filed, his/her immediate supervisor must be notified along with the Title VI Coordinators at Maine Department of Health and Human Services, 11 State House Station 221 State Street, Augusta, Maine 04333-0011, Telephone # 287-3488 (V), 287-4479 (TTY) or 287-4289 (V), 287-2000 (TTY).

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Telephone Interpreting Services

A. PACIFIC INTERPRETERS PROCEDURES

Available 24 hours a day/7 days a week
Provides oral and written translation services
Dial 1-800-870-1069 (Operator Access)

Client ID number: 6730

Step 1. Dial 1-800-870-1069. A Pacific Interpreters' Customer Service Representative (CSR) will answer to assist you.

Step 2. Provide the following information:

- Access Code 6730
- Identify language needed
- Your name (employee initiating call)
- Department unit

Should you require help in identifying the language, the CSR will assist you.

Step 3. An interpreter will be connected in moments.

B. LANGUAGE LINE PROCEDURES

Available 24 hours a day/7 days a week
Provides oral and written translation services
Dial 1-800 874-9426 (Operator Access)
Dial 1-800 367-9559 (Automated Access)

Client ID number: 523011
Personal ID Numbers Attached (Numbered by Region)

1. Operator Access (Gives you a live representative to talk to)
2. Automated Access (Voice activated instructions and your personal code would have to be automated within the Language Line system. This is to provide quicker access to an interpreter).

Operator Access:

When receiving a call from a non-English speaking individual utilize steps 1 through 7.

When placing a call to a non-English speaking individual or when utilizing a telephone interpreter with a person who is LEP on site, utilize steps 2 through 7.

Step 1. Use Conference Hold 1-800-523-1786/Routine: 1-800-874-9426

Step 2. Give the following information:

- Language needed
- Client I.D. number (523011)
- Organization name (Maine Dept of Human Services)
- Personal Code: See attached listing to determine appropriate personal code.

Step 3. Add non-English speaker to the line.

Step 4. Wait for the answer point to conference in the interpreter

Step 5. Brief the interpreter. Summarize what you wish to accomplish and give any special instructions.

Step 6. Say "end of call" to the interpreter when the call is completed.

Automated Access:

Step 1. Dial Language Line Services at 1-800-367-9559

Step 2: Press 1 for Spanish

Press 2 for all other languages

Note: When using this option please follow the steps indicated below:

- Speak the name of the desired language clearly, (e.g. "Arabic", "Japanese").
- Say only the language name—do not add any other words.
- The system will repeat your request and ask that you press 1 to confirm the language needed.
- If you don't know the language, at the prompt, say "help". Your call will be transferred to a live representative.

Step 3: Enter your 6-digit Client ID on the telephone keypad = 523011

Step 4: Enter your numeric Access Code (This code can be the same as the Personal ID Code, but the code will have to be registered in Language Lines computer for use of Automated Access to Interpreter Services).

Step 5: Your interpreter is connected to the call.

LANGUAGE LINE SERVICES PERSONAL IDENTIFICATION NUMBERS BY REGION

The following numbers are registered with the Language Line.

Region 1 **Personal ID Code**

Sanford:

Bureau of Child and Family Services	1110
Bureau of Family Independence	
Eligibility	1121
Aspire	1122
DSER	1123
DROMBO	1160

Biddeford:

Bureau of Child and Family Services	1210
Bureau of Family Independence	
Eligibility	1221
Aspire	1222
DSER	1223
Bureau of Elder and Adult Services	1230
DROMBO	1260

Portland:

Bureau of Child and Family Services	1010
Bureau of Family Independence	
Eligibility	1021
Aspire	1022
DSER	1023
Bureau of Elder and Adult Services	1030
Bureau of Health	1040
Bureau of Medical Services	1050
DROMBO	1060

Region 2 **Personal ID Code**

Lewiston:

Bureau of Child and Family Services	2010
Bureau of Family Independence	
Eligibility	2021
Aspire	2022
DSER	2023
Bureau of Elder and Adult Services	2030
Bureau of Health	2040
Bureau of Medical Services	2050
DROMBO	2060

<u>Region 2</u>	<u>Personal ID Code</u>
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Farmington:

Bureau of Child and Family Services	2210
Bureau of Family Independence	2221
Bureau of Health	2240
DROMBO	2260

South Paris:

Bureau of Child and Family Services	2110
Bureau of Family Independence	
Eligibility	2121
Aspire	2122
DROMBO	2160

<u>Region 3</u>	<u>Personal ID Code</u>
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Augusta:

Bureau of Child and Family Services	3010
Bureau of Family Independence	
Eligibility	3021
Aspire	3022
DSER	3023
Bureau of Elder and Adult Services	3030
Bureau of Health	3040
Bureau of Medical Services	3050
DROMBO	3060

Rockland:

Bureau of Child and Family Services	3110
Bureau of Family Independence	
Eligibility	3121
Aspire	3122
DSER	3123
Bureau of Elder and Adult Services	3130
Bureau of Health	3140
DROMBO	3160

Belfast:

Bureau of Health	3440
DROMBO	3460

Skowhegan:

Bureau of Child and Family Services	3210
Bureau of Family Independence	
Eligibility	3221
Bureau of Health	3240
DROMBO	3260

Region 4

Personal ID Code

Bangor:

Bureau of Child and Family Services	4010
Bureau of Family Independence	
Eligibility	4021
Aspire	4022
DSER	4023
Bureau of Elder and Adult Services	4030
Bureau of Health	4040
Bureau of Medical Services	4050
DROMBO	4060

Calais:

Bureau of Family Independence	4321
Bureau of Elder and Adult Services	4330
Bureau of Health	4340
DROMBO	4360

Dover-Foxcroft:

Bureau of Child and Family Services	4510
Bureau of Health	4540
DROMBO	4560

Ellsworth:

Bureau of Child and Family Services	4110
Bureau of Family Independence	4121
Bureau of Elder and Adult Services	4130
Bureau of Health	4140
DROMBO	4160

Machias:

Bureau of Child and Family Services	4210
Bureau of Family Independence	4221
Bureau of Elder and Adult Services	4230
Bureau of Health	4240
DROMBO	4260

Region 5	Personal ID Code
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Caribou:

Bureau of Child and Family Services	5110
Bureau of Family Independence	
Eligibility	5121
Aspire	5122
DSER	5123
Bureau of Elder and Adult Services	5130
Bureau of Health	5140
Bureau of Medical Services	5150
DROMBO	5160

Fort Kent:

Bureau of Child and Family Services	5210
Bureau of Family Independence	
Eligibility	5221
Aspire	5222
Bureau of Elder and Adult Services	5230
Bureau of Health	5240
DROMBO	5260

Houlton:

Bureau of Child and Family Services	5010
Bureau of Family Independence	
Eligibility	5021
Aspire	5022
Bureau of Elder and Adult Services	5030
Bureau of Health	5040
DROMBO	5060

Central Office:

Commissioner's Office	6001
Civil Rights Coordinators	6002
Bureau of Child and Family Services	6010
Service Center	6003
Bureau of Family Independence	
Eligibility	6021
DSER	6023
Bureau of Elder and Adult Services	6030
Disability Determination Services	6031
Bureau of Health	6040
Bureau of Medical Services	6050
Licensing and Certification	6051
Administrative Hearings	6004
ACES	6015

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTERPRETER'S SIGNATURE OF AGREEMENT

NOTE: This form is for in-person interpreter services, not telephone interpreters.

Date: _____ Name of Interpreter (Services): _____

Address of Interpreter Services): _____

Telephone #: _____ Language Interpreted: _____ Client

Name: _____ DHHS Employee Name: _____

I certify that I can: (Speak ☐ Understand ☐ Write ☐) the language I have indicated above.

1. I shall keep all assignment-related information strictly confidential.
2. I shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
3. I shall not counsel, advise or interject personal opinions.
4. I shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
5. I shall request compensation for services in a professional and judicious manner.
6. I shall function in a manner appropriate to the situation.
7. I shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
8. I shall strive to maintain high professional standards in compliance with the Code of Ethics.

I have read, understand and agree to abide by the Code of Ethics as stated above.

Signature of interpreter: _____

Please Print Name: _____

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

CONFIDENTIALITY RULES AND STATEMENT FOR
IN-PERSON INTERPRETER SERVICES

All interpreters shall respect all confidences received in the course of interpretation. All information gained by the Interpreter in the course of his/her professional duties shall remain strictly confidential. This information shall not be communicated, published or in any way divulged to any organization or person, other than the organization or person engaging the services of the Interpreter.

Interpreters shall be held responsible and understand that breach of confidentiality could result in civil or criminal penalties as set out in law.

Interpreter Signature: _____ Date: _____

Print Name: _____

Address: _____

Telephone Number: _____

DHHS Witness:

Print Name: _____

Reference: 22 MRSA, Sec. 42, Sec. 3474, Sec. 4008, 5328
5 MRSA, Sec. 19203

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

TITLE VI COMPLAINT PROCEDURES

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any programs or activities receiving Federal financial assistance." The U.S. Department of Health and Human Services, Office of Civil Rights specifically cites lack of interpreters as having an adverse effect on the opportunities of minorities to gain equal access to programs and services.

The following procedures have been defined to assist in the processing of any complaints arising out of possible Title VI violations.

- Step 1. The Title VI complaint form must be completed and returned to the Title VI Coordinators located at the Maine Department of Health and Human Services, 11 State House Station, 221 State Street, Augusta, Maine 04333.
- Step 2. Title VI Coordinators have been designated in order to receive and respond to questions and concerns about the adequacy or availability of interpreter services or translation of documents when providing programs and services at the Maine Department of Health and Human Services.
- Step 3. Title VI Coordinators shall provide any person who wishes to file a complaint regarding such matters a copy of this complaint procedure.
- Step 4. If an individual who is limited in English is literate in any of the languages in which the Maine Department of Health and Human Services has printed these procedures, the Maine Department of Health and Human Services shall give her/him a copy of the procedure in the appropriate language. Otherwise, in-person interpreters from the DHHS Language Bank or Telephone Interpreter Services will be utilized to communicate.
- Step 5. The Title VI Coordinators shall also give any person who wishes to file a complaint a copy of the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) brochure "How to File a Complaint with OCR" in the language in which that person speaks, if a translation is available. If no translation of the OCR brochure is available, the Title VI Coordinators shall direct the person to contact the OCR at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD).

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

APPLICANT/CLIENT COMPLAINT FORM

FOR TITLE VI OF THE CIVIL RIGHTS ACT

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any programs or activities receiving federal financial assistance." The U.S. Department of Health and Human Services, Office for Civil Rights specifically cites lack of interpreters as having an adverse effect on the opportunities of minorities to gain equal access to programs and services.

The complaint of an applicant/client must be in writing.

Date of Complaint: _____ Name of client: _____

Primary language: _____ Race/color: _____

National origin: _____

Address of client: _____

Telephone number of client: _____

DHHS employee with whom the client had contact:

Nature of client business with DHHS: _____

Describe the facts that lead you to believe discrimination on the bases of race, color, or national origin occurred: _____

NOTE: This form is to be used only for complaints that Title VI has been violated, not for denial of benefits due to ineligibility.

Signature: _____

Please forward this form to: one of the EEO Coordinators, Maine Department of Health and Human Services, 11 State House Station, 221 State Street, Augusta, Maine 04333